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THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Nerenberg, *et al.*

Group Art Unit: 2164

Serial No.: 09/584,610

Examiner: Rimell, Samuel G.

Filed: 05/31/2000

Docket No.: **NERE-2842**

Title: **DEATH VISUALIZATION THERAPY**

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION TO MAKE SPECIAL UNDER 37 C.F.R. § 1.102(c)

Dear Sir:

This is a Petition to Make Special the above identified patent application. The basis for this petition is that the applicant is over sixty-five years of age.

In accordance with MPEP 708.02(c)(1), a certified copy of applicant's birth certificate is attached.

In view of the above, applicant requests that this Petition to Make Special be granted and the examination of the application be advanced.

Date: 06/01/2006

Jack P. Friedman
Jack P. Friedman
Registration No. 44,688

SCHMEISER, OLSEN & WATTS
22 Century Hill Drive - Suite 302
Latham, New York 12110
(518) 220-1850

Date

MAR 30 1976

DEPARTMENT OF HEALTH
BOROUGH OF BRONX

Certificate of Birth

5989

FILED
MAY 20 AM 9 35

Certificate No.

Full name of child (PRINT)

Philip Joseph NERENBERG

Sex <u>Male</u>	1. Color or race <u>White</u>	Number of children born of this pregnancy <u>1</u> If more than one, number of this child in order of birth	6. Date of child's birth (Month) <u>May</u> (Day) <u>16</u> (Year) <u>1941</u>	6a. Hour <u>6:06</u> AM
PLACE OF BIRTH (a) NEW YORK CITY; (b) Borough <u>Bronx</u> (c) Name of Hospital or Institution <u>Lincoln Hospital</u> (If not in hospital or institution, give street and number.) (d) Length of mother's stay at place of birth immediately prior to birth of child <u>9 months 6 minutes</u>			7. USUAL RESIDENCE OF MOTHER (a) State <u>New York</u> (b) <u>Bronx</u> (c) Town or City <u>New York</u> (d) No. <u>911 Home</u> (e) Length of residence or stay in New York City immediately prior to birth of child <u>12 years</u>	
FATHER Full name <u>Samuel Nerenberg</u> Color or race <u>White</u> Birthplace (city or place and State or country) <u>United States</u> A. Trade, profession, or particular kind of work <u>Pressman</u> B. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Factory</u>			14. Full maiden name <u>MOTSE</u> <u>Anne Singer</u> 15. Color or race <u>White</u> 16. Age at time of this birth <u>19</u> (years) 17. Birthplace (city or place and State or country) <u>Czechoslovakia</u> A. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u> B. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc. <u>Home</u>	
Total number of children BORN ALIVE PREVIOUS to this pregnancy <u>0</u>			19a. Number of children born PREVIOUS to this pregnancy and NOW LIVING <u>0</u>	

I hereby certify that I attended professionally at the birth of this child, who was born alive at the hour and on the date stated above, and that all facts stated in this certificate and report of birth are true to the best of my knowledge, information and belief.

Given name (added from nonofficial report) MAY 23 1941
Signature J. S. Williams M.D.
Assistant RegistrarSignature Samuel Nerenberg M.D.
Address Lincoln Hospital
Date of Report 5/18/41

BUREAU OF RECORDS

DEPARTMENT OF HEALTH

CITY OF NEW YORK

This is to certify that the foregoing is a true copy of a record in my custody.

Signature J. S. Williams

CITY REGISTRAR

The Department of Health does not certify to the truth of the statements made thereon, as no inquiry as to the facts has been made.

BEST AVAILABLE COPY